AFTER

1 MAMENDMENT

DEP.

IND.

15 APR 2006 MULTIPLE DEPENDENT CLAIM SERIAL NO. FEE CALCULATION SHEET FILING DATE (FOR USE WITH FORM PTO-875) Minten Alexande APPLICANT(S) Personal State of the CLAIMS AFTER AS FILED (703) 385-8421 AFTER 1" AMENDMENT 1 MAMENDMENT AFTER AS FILED IND. DEP. IND. DEP. IND. I"AMENDMENT DEP. IND. DEP. IND. DEP. る 

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